

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: David N. Ku  
 Application Serial No.: 10/658,932  
 Filed: September 9, 2003  
 For: Flexible Spinal Disc

Confirmation No.: 3113  
 Group Art Unit: 3738  
 Examiner: Dave Willse

Date: August 24, 2007

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐ Applicant claims small entity status. See 37 CFR §1.27.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	69	69	= 0	x 25=	\$	x 50=	\$ .00
Indep	5	5	= 0	x100=	\$	x200=	\$ .00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				Total Add. Fee \$		OR Total	\$ .00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

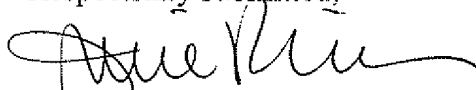
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge my Deposit Account No. 50-0220 in the amount of \$\_\_\_\_ for additional claims.
- ☐ A check in the amount \$\_\_\_\_\_ to cover \_\_\_\_\_ is enclosed.
- ☒ The Commissioner is hereby authorized to charge the appropriate fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.

Respectfully submitted,

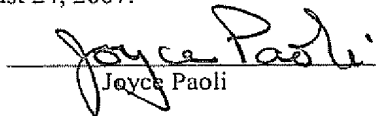


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**CERTIFICATION OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted electronically to the U.S. Patent and Trademark Office on August 24, 2007.



Joyce Paoli